

have the honor of representing in eastern Connecticut.

Now, some may ask why was Bloomberg looking at the population of 45- to 54-year-olds? Well, the Ryan Medicare plan radically alters the Medicare program, starting in 2022, for people who today are 54 years old or younger. Starting with that age group, Medicare will no longer be a guaranteed benefit, but instead will be a voucher plan where Americans will be given an \$8,000 payment and told, Good luck. Go out and buy insurance.

The Congressional Budget Office has already analyzed what that means to someone aged 54 today in terms of out-of-pocket costs. In fact, it would double the out-of-pocket costs for those 54 and below, in year one, who enroll in the Medicare program. Over time, we have an analysis which shows what the true out-of-pocket costs would be for 55-year-olds with a normal American life expectancy. It would raise their out-of-pocket costs—these are additional costs—by \$182,000.

So for anybody who is out there today who is in that age group, you'd better start saving up because you're going to need a lot more retirement assets just to keep level with what an American who turns 65 today gets under the Medicare program.

We have heard a lot from just, again, one of the speakers a few minutes before, who was just making comments about Medicare's going broke and that people 65 and up are going to be protected in terms of their Medicare. Wrong. The Ryan Republican plan would immediately cancel new benefits for seniors today, that they have started to enjoy, starting in January: annual checkups, cancer screenings, smoking cessation.

I had a town hall back in Norwich, Connecticut, just a couple of days ago where I had a young primary care doctor who was talking about the fact that the new annual check-up has allowed her that extra time to spend with patients, and she has detected three cancers because of the fact that she now has the tools to do her job smartly and efficiently.

The Ryan Republican plan would cancel that annual check-up coverage, which the Affordable Care Act kicked in in January, along with cancer screenings and along with smoking cessation—all smart, preventative, wellness-oriented care which will save the Medicare program money, again, for people 55 and younger. This chart shows how the out-of-pocket costs grow exponentially.

I see some young folks up in the audience there. If you're 15 years old, your out-of-pocket costs are going to be \$711,000 higher than a 65-year-old's today who is entering the Medicare program.

What this Ryan plan really amounts to is just simply a cost shift to patients and families. It does nothing to make a more efficient health care system, and that is not a solution to the problem.

We also heard that Medicare is going broke, that it is going to be bankrupt in 2024. If you read the trustees' report, you will see, in fact, that it is a totally misleading comment. What the trustees reported was that there are sufficient funds in the program to cover 90 percent of the costs of Medicare and, starting in 2024, for at least another decade and a half. Now, that shortfall is a problem. We should not have a 10 percent shortfall starting in 2024, but that is a manageable problem. We can make smart, intelligent changes to the Medicare program just like we have done going back to 1965 when it was first enacted.

Again, we have had, in fact, solvency reports and warnings from the trustees that were much more dire in the '70s, in the '80s, in the '90s than the report that we saw 3 weeks ago. There is no reason to scare people and panic people into butchering the Medicare's guaranteed benefit in the name of fiscal solvency for the Medicare program. We can make smart choices. We can make smart changes, but shifting the costs to people 55 and younger is not a solution to the Medicare program. It ends Medicare.

Now, within families with some who are over 55 and some who are under 55, this will create two-tiered coverage. I can report to you of the Courtney Family. I'm 58 years old, so purportedly, I would get the old-fashioned benefit under the Ryan plan, but my wife, Audrey, who is a nurse practitioner—she is 51—will get the loser benefit. She is going to have to start dishing out close to \$200,000 in additional costs for her retirement under this plan.

So you've got two-tiered coverage even within families under the proposal that we have with the Ryan plan. We can do better as a great Nation to guarantee coverage—with a reasonable package that is smart and efficient to solve the Medicare program. We don't need the Ryan plan, which will shift costs to patients and families in an unfair fashion.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members should not refer to occupants of the gallery.

STOP MILITARY RAPE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. SPEIER) for 5 minutes.

Ms. SPEIER. Mr. Speaker, I rise today to once again draw our attention to the epidemic of rape and sexual assault in the military.

But, first, I want to mention the disturbing Government Accountability Office report released last week which showed that patients and staff have been raped and sexually assaulted in the VA. There were 284 reports of sexual assault which occurred between January 2007 and July 2010. There were

67 classified as rape, 185 as inappropriate touching, 13 as forced oral sex, eight as forceful medical examinations, and 11 as "other."

While this is not as widespread as rape and sexual assault in the military, it is yet another example where government has lacked in protecting the men and women in uniform who serve our Nation. One assault is one too many. VA facilities should be a place for aid and comfort, not for abuse.

The House Veterans Affairs' Committee held a hearing on this issue just Monday. Congress must make it a priority to hold the VA accountable and ensure that this does not happen again. As I said during my last speech on this issue, I have set up an email account so survivors of rape and sexual assault in the military can tell their stories. The address is: stopmilitaryrape@mail.house.gov.

Today, I want to share the story of Private Jessica Kenyon. Mr. Speaker, I must warn my colleagues that some of the language is raw. Private Kenyon served in the Army from August 2005 until August 2006. Her allegation is as follows:

During training at Fort Eustis, Private Kenyon's teaching sergeant began to harass her. He constantly touched her, and made sexual jokes and comments to her. She did not believe it would be effective to report the teaching sergeant, because her unit commander was openly misogynistic. He was known to say, "This unit never had any problems until females came into it."

In December 2005, while Private Kenyon was home for the holidays, she was raped by a member of the Army National Guard. At that point, she reported both the sexual harassment by the drill instructor and the rape to an Army sexual assault response coordinator. The Army official advised her to put the rape "on the back burner" and focus on the sexual harassment. Private Kenyon then discussed the rape with Command, who advised that it would be used against her in promotional reviews if she chose to pursue prosecution.

After she reported the harassment and rape, she was ostracized and retaliated against by her fellow soldiers. This retaliation followed her to her next assignment at Camp Humphreys in Korea. When she arrived, the sergeant advised that he had received calls warning him about her. He then made a unit-wide announcement, cautioning everyone that they "should be careful who you talk to because they might report you." The sergeant and others engaged in the ongoing sexual harassment of Private Kenyon.

In the spring of 2006, one soldier—a specialist and squad leader—sexually assaulted Private Kenyon. He put his hand under her shirt and on her breasts, and tried to make her touch his penis. She fought him off.

Private Kenyon reported the assault to Command. The assailant denied the